

(Make all applicable diagnoses, including substance-related diagnoses.) (P before principal diagnosis if not first on Axis I)

DATE: \_\_\_\_\_

AXIS I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS II: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS III: \_\_\_\_\_

AXIS IV: \_\_\_\_\_

AXIS V: \_\_\_\_\_

Any Change in Diagnosis Requires Complete Re-Write Below (See ID note for explanation and justification.)

DATE: \_\_\_\_\_

AXIS I: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS II: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS III: \_\_\_\_\_

AXIS IV: \_\_\_\_\_

AXIS V: \_\_\_\_\_

CLINICIAN (Date/Sig./Printed Name)

\_\_\_\_\_  
\_\_\_\_\_

PERSON AUTHORIZED TO DIAGNOSE (if clinician is not so authorized) (Date/Sign/Printed Name)

\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS

NAME:

Confidential Patient Info.  
See W&I Code 5328

CHART NO:

DOB:

PROGRAM: